

# NEONATAL LEVEL I SELF-SURVEY

## Instructions

- 1) Review the entire "Self-Survey" form to become familiar with the requirements and plan a process to compile and label required documents. **Ensure the facility name is on each page of the Self-Survey form.**
- 2) Determine how the facility meets or does not meet the **complete** requirement identified in each "block". Mark the correct box under the "Met" or "Not Met" column for each requirement.
- 3) Documents **required to be submitted** to the department are identified in the "Instructions" box. All required documents **MUST** be labeled with an **attachment name and their page numbers. All pages MUST be numbered.** The attachment name should be listed in the corresponding "Attachment Name" box.

**See example below:**

	Met	Not Met	
(C) written triage, stabilization, and transfer guidelines for neonatal patients that include consultation and transport services;			<b>Policy/procedure/guidelines for neonatal transfers</b> <b>Attachment Name:</b> <b>Page Numbers:</b>

- 4) If the "Instructions" column is blank, it is not necessary to provide documentation for the requirement.
- 5) Once all documents have been compiled and finalized, review to **ensure that all patient identifiers are redacted for HIPAA compliance.**
- 6) Review the "Self-Survey" for any requirements which were noted as "Not Met" and complete a Plan of Correction (POC) for those requirements.
- 7) The "Self-Survey", Self-Survey required attachments, POC (if required), Neonatal Facility Designation Application, copy of remittance form, and PCR letter of participation are reviewed by the hospital administrator and an appropriate Letter of Attestation executed and signed by the hospital administrator to complete the packet.
- 8) Once all documents are completed, the application packet is sent to the DSHS designation email [DSHS.EMS-TRAUMA@dshs.texas.gov](mailto:DSHS.EMS-TRAUMA@dshs.texas.gov) per "Application Packet Submission Instructions".
- 9) Any questions regarding completion of these documents should be referred to the Perinatal Designation Coordinators:

Debbie Lightfoot, RN – (512) 987-0565  
[debra.lightfoot@dshs.texas.gov](mailto:debra.lightfoot@dshs.texas.gov)

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	

**133.185 Program Requirements**

<p>(a) Neonatal Program Philosophy. Designated facilities must have a family-centered philosophy. Parents must have reasonable access to their infants at all times and be encouraged to participate in the care of their infants. The facility environment for perinatal care must meet the physiologic and psychosocial needs of the mothers, infants, and families.</p>			
<p>(b) Neonatal Program Plan.</p> <ul style="list-style-type: none"> <li>The facility must develop a written neonatal operational plan for the neonatal program that includes a detailed description of the scope of services and clinical resources available for all neonatal patients, mothers, and families.</li> <li>The plan must define the neonatal patient population evaluated, treated, transferred, or transported by the facility consistent with clinical guidelines based on current standards of neonatal practice ensuring the health and safety of patients.</li> </ul>			<p><b>Facility Neonatal Program Plan or Perinatal Program Plan (ensure all requirements (2)A – K are addressed).</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>

**FACILITY NAME:**

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
<p>(1) The written Neonatal Program Plan must be</p> <ul style="list-style-type: none"> <li>• reviewed and approved by Neonatal Program Oversight and</li> <li>• be submitted to the facility's governing body for review and approval.</li> <li>• The governing body must ensure the requirements of this section are implemented and enforced.</li> </ul>			
<p>(2) The written Neonatal Program Plan must include, at a minimum:</p>			
<p>(A) clinical guidelines based on current standards of neonatal practice, and policies and procedures that are:</p> <ul style="list-style-type: none"> <li>• adopted,</li> <li>• implemented, and</li> <li>• enforced by the neonatal program;</li> </ul>			
<p>(B) a process to ensure and validate these clinical guidelines based on current standards of neonatal practice, policies, and procedures, are reviewed and revised a minimum of every three years;</p>			
<p>(C) written triage, stabilization, and transfer guidelines for neonatal patients that include consultation and transport services;</p>			

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Level I (Well Care) Requirements	Facility		Instructions
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(D) the role and scope of telehealth/telemedicine practices, if utilized, including:			
(i) documented and approved written policies and procedures that outline the use of telehealth/telemedicine for inpatient hospital care or for consultation, including: <ul style="list-style-type: none"> <li>• appropriate situations,</li> <li>• scope of care, and</li> <li>• documentation</li> </ul> that is monitored through the neonatal QAPI Plan and process; and			
(ii) written and approved procedures to gain informed consent from the patient or designee for the use of telehealth/telemedicine, if utilized, that are monitored for variances;			
(E) written guidelines for discharge planning instructions and appropriate follow-up appointments for all neonates/infants;			<p><b>Guideline or policy for discharge planning and follow-up.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
<p>(F) written guidelines for the hospital disaster response, including:</p> <ul style="list-style-type: none"> <li>• a defined neonatal evacuation plan and process to relocate mothers and infants to appropriate levels of care with identified resources, and</li> <li>• this process must be evaluated annually to ensure neonatal care can be sustained and adequate resources are available;</li> </ul>			<p><b>Documentation of participation in annual disaster drills. Include identified opportunities for improvement and corrective actions, if applicable.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>
<p>(G) written minimal education and credentialing requirements for all staff participating in the care of neonatal patients, which are documented and monitored by the managers who have oversight of staff;</p>			
<p>(H) written requirements for providing continuing staff education, including annual competencies and skills assessment that is appropriate for the patient population served, which are documented and monitored by the managers who have oversight of staff;</p>			
<p>(I) documentation of meeting the requirement for a perinatal staff registered nurse to serve as a representative on the nurse staffing committee under §133.41 of this title (relating to Hospital Functions and Services);</p>			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(J) measures to monitor the availability of all necessary equipment and services required to provide the appropriate level of care and support for the patient population served; and			
(K) documented guidelines for consulting support personnel with knowledge and skills in breastfeeding and lactation, which includes expected response times, defined roles, responsibilities, and expectations.			
(3) The facility must have a documented and approved neonatal QAPI Plan.			<p><b>The Neonatal or Perinatal QAPI plan (ensure all elements (3)A – H are addressed) including:</b></p> <ul style="list-style-type: none"> <li>• <b>Minutes/documentation of two most recent QAPI meetings;</b></li> <li>• <b>Attendance documentation; and</b></li> <li>• <b>Cases and data reviewed.</b></li> </ul> <p><b>Attachment Name:</b> <b>Page Numbers:</b></p>
(A) The Chief Executive Officer, Chief Medical Officer, and Chief Nursing Officer must implement a culture of safety for the facility and ensure adequate resources are allocated to support a concurrent, data-driven neonatal QAPI Plan.			

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<p>(B) The facility must demonstrate that the neonatal QAPI Plan consistently assesses the provision of neonatal care provided. The assessment must:</p> <ul style="list-style-type: none"> <li>• identify variances in care,</li> <li>• the impact to the patient, and</li> <li>• the appropriate levels of review.</li> </ul> <p>This process must:</p> <ul style="list-style-type: none"> <li>• identify opportunities for improvement and</li> <li>• develop a plan of correction to address the variances in care or the system response.</li> </ul> <p>An action plan will track and analyze data through resolution or correction of the identified variance.</p>			<p><b>Two record reviews in which variances in care were identified from the reporting period. Documentation from QAPI meetings in which opportunities for these care variances were identified, addressed, monitored, and resolved.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>
<p>(C) The neonatal program must:</p> <ul style="list-style-type: none"> <li>• measure, analyze, and track performance through defined quality indicators, core performance measures, and other aspects of performance that the facility adopts or develops to evaluate processes of care and patient outcomes.</li> </ul> <p>Summary reports of these findings are reported through the Neonatal Program Oversight.</p>			

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Level I (Well Care) Requirements	Facility		Instructions
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(D) All neonatal facilities must participate in a neonatal data initiative. Level III and IV neonatal facilities must participate in benchmarking programs to assess their outcomes as an element of the neonatal QAPI Plan.			<p><b>Evidence of facility participation in a neonatal data initiative.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>
(E) The Neonatal Medical Director (NMD) must have the authority to make referrals for peer review, receive feedback from the peer review process, and ensure neonatal physician representation in the peer review process for neonatal cases.			
<p>(F) The NMD and Neonatal Program Manager (NPM) must participate in:</p> <ul style="list-style-type: none"> <li>• PCR meetings,</li> <li>• regional QAPI initiatives, and</li> <li>• regional collaboratives, and</li> <li>• submit requested data to assist with data analysis to evaluate regional outcomes as an element of the facility's neonatal QAPI Plan.</li> </ul>			<p><b>Evidence of participation in regional initiatives or collaboratives.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>
(G) The facility must have documented evidence of neonatal QAPI summary reports reviewed and reported by Neonatal Program Oversight that monitor and ensure the provision of services or procedures through telehealth and telemedicine, if utilized, is in accordance with the standards of care applicable to the provision of the same service or procedure in an in-person setting.			



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Level I (Well Care) Requirements	Facility		Instructions
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<p>(H) The facility must have documented evidence of neonatal QAPI summary reports to support that aggregate neonatal data are consistently reviewed to identify:</p> <ul style="list-style-type: none"> <li>• developing trends,</li> <li>• opportunities for improvement, and</li> <li>• necessary corrective actions.</li> </ul> <p>Summary reports must be provided through the Neonatal Program Oversight, available for site surveyors, and submitted to the department as requested.</p>			
<p>(c) Medical Staff. The facility must have an organized, effective neonatal program that is recognized by the facility's medical staff and approved by the facility's governing body.</p>			
<p>(1) The credentialing of the neonatal medical staff must include a process for the delineation of privileges for neonatal care.</p>			
<p>(2) The neonatal medical staff must participate in ongoing staff and team-based education and training in the care of the neonatal patient.</p>			<p><b>Evidence of neonatal medical staff participation in ongoing staff and team-based education and training for the reporting period (attendance records).</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(d) Medical Director. There must be an identified NMD and an identified Transport Medical Director (TMD) if the facility has its own transport program. The NMD and TMD must be credentialed by the facility for treatment of neonatal patients and have their responsibilities and authority defined in a job description. The NMD and TMD must maintain a current status of successful completion of the Neonatal Resuscitation Program (NRP) or a department-approved equivalent course.			<p><b>Job description for the Neonatal Medical Director (ensure all job requirements in (d)(1)A – K are included).</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>
(1) The NMD is responsible for the provision of neonatal care services and must:			
(A) examine qualifications of medical staff and advanced practice providers requesting privileges to participate in neonatal/infant care, and make recommendations to the appropriate committee for such privileges;			
(B) ensure neonatal medical staff and advanced practice provider competencies in managing neonatal emergencies, complications, and resuscitation techniques;			
(C) monitor neonatal patient care from transport, to admission, stabilization, and operative intervention(s), as applicable, through discharge, and review variances in care through the neonatal QAPI Plan;			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(D) participate in ongoing neonatal staff and team-based education and training in the care of the neonatal patient;			
(E) oversee the inter-facility neonatal transport as appropriate;			
(F) collaborate with the NPM, maternal teams, consulting physicians, and nursing leaders and units providing neonatal care to include developing, implementing, or revising:			
(i) written policies, procedures, and guidelines for neonatal care that are implemented and monitored for variances;			
(ii) the neonatal QAPI Plan, specific reviews, and data initiatives;			
(iii) criteria for transfer, consultation, or higher-level of care; and			
(iv) medical staff, advanced practice providers, and personnel competencies, education, and training;			
(G) participate as a clinically active and practicing physician in neonatal care at the facility where medical director services are provided;			
(H) ensure that the neonatal QAPI Plan is specific to neonatal/infant care, is ongoing, data driven, and outcome based;			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(I) frequently lead the neonatal QAPI meetings with the NPM and participate in the Neonatal Program Oversight and other neonatal meetings, as appropriate;			
(J) maintain active staff privileges as defined in the facility's medical staff bylaws; and			
(K) develop and maintain collaborative relationships with other NMDs of designated neonatal facilities within the applicable PCR.			
(2) The TMD is responsible for the facility neonatal transport program and must:			
(A) collaborate with the transport team to: <ul style="list-style-type: none"> <li>• develop,</li> <li>• revise, and</li> <li>• implement written policies, procedures, and guidelines, for neonatal care that are implemented and monitored for variances;</li> </ul>			
(B) participate in ongoing transport staff competencies, education, and training;			
(C) review and evaluate transports from initial activation of the transport team through delivery of patient, resources, quality of patient care provided, and patient outcomes; and			
(D) integrate review findings into the overall neonatal QAPI Plan and process.			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(3) The NMD may also serve as the TMD.			
(e) NPM. The facility must identify an NPM who has the authority and oversight responsibilities written in his or her job description, for the provision of neonatal services through all phases of care, including discharge, and identifying variances in care for inclusion in the neonatal QAPI Plan.			
(1) The NPM must be a registered nurse with defined education, credentials, and experience for neonatal care applicable to the level of care being provided.			
(2) The NPM must maintain a current status of successful completion of the Neonatal Resuscitation Program (NRP) or a department-approved equivalent course.			
(3) The NPM must:			
(A) ensure staff competency in resuscitation techniques;			
(B) participate in ongoing staff and team-based education and training in the care of the neonatal patient;			
(C) monitor utilization of telehealth/telemedicine, if used;			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(D) collaborate with the NMD, maternal program, consulting physicians, and nursing leaders and units providing neonatal care to include developing, implementing, or revising:			
(i) written policies, procedures, and guidelines for neonatal care that are implemented and monitored for variances;			
(ii) the neonatal QAPI Plan, specific reviews, and data initiatives;			
(iii) criteria for transfer, consultation, or higher-level of care; and			
(iv) staff competencies, education, and training;			
(E) regularly and actively participate in neonatal care at the facility where program manager services are provided;			
(F) consistently review the neonatal care provided and ensure the neonatal QAPI Plan is specific to neonatal/infant care, data driven, and outcome-based;			
(G) frequently lead the meetings and participate in Neonatal Program Oversight and other neonatal meetings as appropriate; and			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(H) develop and maintain collaborative relationships with other NPMs of designated neonatal facilities within the applicable PCR.			
<b>133.186 Neonatal Designation Level I</b>			
(a) Level I (Well Care). The Level I neonatal designated facility must:			
(1) provide care for mothers and their infants of generally more than or equal to 35 weeks gestational age who have routine, transient perinatal problems;			
(2) have skilled medical staff and personnel with documented training, competencies, and annual continuing education specific for the patient population served; and			
(3) provide the same level of care that the neonate would receive at a higher-level designated neonatal facility and complete an in-depth critical review and assessment of the care provided to these infants through the neonatal QAPI Plan and process if an infant less than 35 weeks gestational age is retained.			<p><b>Records reviews for all infants less than 35 weeks gestational age retained within the reporting period.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(b) Neonatal Medical Director (NMD). The NMD must be a physician who:			
(1) is a currently practicing pediatrician, family medicine physician, or physician specializing in obstetrics and gynecology with experience in the care of neonates/infants and with privileges in neonatal care;			
(2) maintains a current status of successful completion of the Neonatal Resuscitation Program (NRP) or a department-approved equivalent course;			
(3) demonstrates effective administrative skills and oversight of the neonatal QAPI Plan; and			
(4) completes annual continuing medical education specific to the care of neonates.			<b>Continuing education documentation specific to neonatal care for the reporting period. Attachment Name: Page Numbers:</b>
<b>(c) Program Functions and Services.</b>			
(1) The neonatal program must collaborate with: <ul style="list-style-type: none"> <li>• the maternal program,</li> <li>• consulting physicians, and</li> <li>• nursing leadership</li> </ul> to ensure pregnant mothers who are at high risk of delivering a neonate that requires a higher-level of care are transferred to a higher-level facility before delivery unless the transfer would be unsafe.			



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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(2) The facility provides appropriate, supportive, and emergency care delivered by trained personnel for unanticipated maternal-fetal or neonatal problems that occur during labor and delivery through the disposition of the patient.			
(3) The on-call physician, advanced practice nurse, or physician assistant must have documented special competence in the care of neonates, privileges and credentials to participate in neonatal/infant care reviewed by the NMD, and:			
(A) must maintain a current status of successful completion of the NRP or a department-approved equivalent course;			
(B) must complete annual continuing education specific to the care of neonates;			
(C) must arrive at the patient bedside within 30 minutes of an urgent request;			<b>Urgent request tracking data for the reporting period.</b> <b>Attachment Name:</b> <b>Page Numbers:</b>
(D) if not immediately available to respond or is covering more than one facility, must ensure appropriate back-up coverage is available, back-up call providers are documented in the neonatal on-call schedule and must be readily available to respond to the facility staff; and			

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<b>Level I (Well Care) Requirements</b>	<b>Facility</b>		<b>Instructions</b>
	<b>Met</b>	<b>Not Met</b>	
(E) the back-up call physician, advanced practice nurse, or physician assistant must arrive at the patient bedside within 30 minutes of an urgent request.			
(4) The facility must have written guidelines defining the availability of appropriate anesthesia, laboratory, radiology, respiratory, ultrasonography, and blood bank services on a 24-hour basis as described in §133.41 of this title (relating to Hospital Functions and Services).			
(A) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.			
(B) The facility must ensure regular monitoring and comparison of the preliminary and final readings through the radiology QAPI Plan. Summary reports of activities must be presented at the Neonatal Program Oversight.			
(5) Pharmacy services must be in compliance with the requirements in §133.41 of this title and must have a pharmacist available at all times.			

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(A) If medication compounding is done by a pharmacy technician for neonates/infants, a pharmacist must provide immediate supervision of the compounding process.			
(B) When medication compounding is done for neonates/infants, the pharmacist must implement guidelines to ensure the accuracy of the compounded final product and ensure:			
(i) the process is monitored through the pharmacy QAPI Plan; and			
(ii) summary reports of activities are presented to the Neonatal Program Oversight.			
<p>(6) The facility must have:</p> <ul style="list-style-type: none"> <li>• personnel with appropriate training for managing neonates/infants,</li> <li>• written policies, procedures, and guidelines specific to the facility for the stabilization and resuscitation of neonates based on current standards of professional practice.</li> </ul> <p>The facility must ensure the availability of personnel who can stabilize distressed neonates, including those less than 35 weeks gestation until they are transferred to a higher-level facility. Variances from these standards are monitored through the neonatal QAPI Plan and process.</p>			<p><b>QAPI reviews of any variances identified during neonatal resuscitations for the reporting period.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>

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Level I (Well Care) Requirements	Facility		Instructions
	Met	Not Met	
(A) Each birth must be attended by at least one person who maintains a current status of successful completion of the NRP or a department-equivalent course, whose primary focus is management of the neonate and initiating resuscitation.			<p><b>Documentation of NRP completion for <u>all</u> physicians, advanced practice providers, nursing staff and respiratory staff participating in neonatal care.</b></p> <p><b>Attachment Name:</b></p> <p><b>Page Numbers:</b></p>
(B) At least one person must be immediately available on-site with the skills to perform a complete neonatal resuscitation including endotracheal intubation, establishment of vascular access, and administration of medications.			
(C) Additional personnel with current status of successful completion of the NRP, or a department-equivalent course, must be on-site and immediately available upon request for the following:			
(i) multiple birth deliveries, to care for each neonate;			
(ii) deliveries with unanticipated maternal-fetal problems that occur during labor and delivery; and			
(iii) deliveries determined or suspected to be high-risk for the pregnant patient or neonate.			
(D) Variances from these standards are monitored through the neonatal QAPI Plan and process and reported at the Neonatal Program Oversight.			

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<b>Level I (Well Care) Requirements</b>	<b>Facility</b>		<b>Instructions</b>
	<b>Met</b>	<b>Not Met</b>	
(E) Neonatal resuscitative equipment, supplies, and medications must be immediately available for trained personnel to perform resuscitation and stabilization on any neonate/infant.			
(7) A registered nurse with experience in neonatal or perinatal care must provide supervision and coordination of staff education.			
(8) The neonatal program ensures the availability of support personnel with knowledge and skills in breastfeeding and lactation to assist and counsel mothers.			
(9) Social services, supportive spiritual care, and counseling must be provided as appropriate to meet the needs of the patient population served.			<b>Guidelines or policies for social services, supportive spiritual care and counseling services (department specific).</b> <b>Attachment Name:</b> <b>Page Numbers:</b>

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\_\_\_\_\_  
Neonatal Program Manager Signature, Date

\_\_\_\_\_  
Neonatal Medical Director Signature, Date

**E-Signature Instructions:**

This form must be open in the Adobe Acrobat Reader program installed on your computer. If you do not have it, you can download a free license from Adobe's website - <https://get.adobe.com/reader/>  
*Click the gray signature box to sign electronically. Save the file to your computer or cloud service and email it to your medical director to request they sign it electronically and email it back to you. Send the electronic file to [dshs.ems-trauma@dshs.texas.gov](mailto:dshs.ems-trauma@dshs.texas.gov) along with your designation application and other supporting documentation.*

***Please do not submit a printed and scanned version of the application.***

*Do you need help? Contact Rebecca Wright for technical assistance - 512-657-0804, [rebecca.wright@dshs.texas.gov](mailto:rebecca.wright@dshs.texas.gov)*